



# Volunteer Application

101 East Kansas  
Liberty, Missouri 64068  
Phone: 816-439-4440 Fax: 816-439-4419

## NOTICE TO APPLICANTS:

The City of Liberty welcomes your volunteer application. Complete this application carefully and completely. This information will aid us in evaluating your qualifications. The City of Liberty welcomes all qualified applicants without regard to their race, color, religion, gender, national origin, age, marital status, medical condition or disability. All volunteer opportunities are conditional upon successfully passing all appropriate pre-screening processes.

Name: \_\_\_\_\_

Division for which you would like to volunteer:    Recreation Programs                      Police  
(Please circle one)

Meals on Wheels    Animal Control    Senior Center    Other

Are you over the age of 18?                      Yes                      No

*Note: Volunteers within the police department must be at least 21 years of age. If you are under the age of 18, a permission form completed by a parent/legal guardian must be signed and accompany this application.*

To learn more about the City of Liberty, please visit us at [www.ci.liberty.mo.us](http://www.ci.liberty.mo.us)

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

## PERSONAL INFORMATION

Name: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_  
*Street Apt. Number*

\_\_\_\_\_  
*City State Zip*

Phone Number: \_\_\_\_\_  
*Home Business Cell*

Email Address: \_\_\_\_\_

Have you ever worked or volunteered for the City of Liberty before? ☐ Yes ☐ No

How did you hear about the City of Liberty's volunteer opportunities?

☐ Newspaper

☐ Friend

☐ Internet/Web Page

☐ Organization/Web Page

☐ Employee

☐ Other

Are you related to a current City employee

Yes

No

Name

\_\_\_\_\_

Other volunteer opportunities in which you are interested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **VOLUNTEER HISTORY** – Please list any previous volunteer experience.

Company/Organization	Address
Telephone	
Name of contact List your volunteer duties:	

Company/Organization	Address
Telephone	
Name of contact List your volunteer duties:	

## **CRIMINAL CONVICTION**

Have you ever been convicted as an adult of a crime that has not been annulled, expunged or sealed by a court? If yes, describe in full. Include disposition of the offense. A record of conviction may not necessarily disqualify an applicant for volunteer work.

## **AVAILABILITY**

Number of hours per week: \_\_\_\_\_

Days available: \_\_\_\_Mon \_\_\_\_Tues \_\_\_\_Wed \_\_\_\_Thurs \_\_\_\_Fri \_\_\_\_Sat \_\_\_\_Sun

Times available: \_\_\_\_\_

One Time Short-Term Long-Term As Needed 1x Week 1x Month Daytime Evening Holidays

Specific Project Summer School Days Other

**This section pertains to volunteering for Meals on Wheels ONLY. Please read each question and answer in the space provided.**

*Our Mission in Liberty Meals on Wheels*

*To provide balanced, nutritious and appealing meals to seniors, people with disabilities and disadvantaged populations. We strive to improve the physical and mental health of those we serve by providing, either directly or through cooperation with other organizations, a range of goods and services that improve the quality of life.*

Are you representing a group or club? Please provide name of group and club:

\_\_\_\_\_

\_\_\_\_\_

Do you have a valid Missouri Driver's License? \_\_\_\_\_

Do you have current vehicle insurance? \_\_\_\_\_

***The City of Liberty will need proof of driver's license and insurance before start date.***

Statement of Liability

**Liberty Meals on Wheels** is not responsible for personal injuries or property damage suffered or caused by a volunteer in connection with volunteer activities. As a condition to serving as a volunteer, each volunteer is expected to maintain his/her own insurance covering these and other risks.

Signature stating Understanding of Statement of Liability: \_\_\_\_\_

Statement of Confidentiality

It is understood that as a volunteer of **Liberty Meals on Wheels** you will protect the privacy of all those we serve by maintaining strict confidentiality when discussing meal recipients and the nature of their health conditions. Under no circumstances should a volunteer from **Liberty Meals on Wheels** divulge recipient information to anyone outside the organization.

Signature stating Understanding of Statement of Confidentiality: \_\_\_\_\_

If the volunteer is under 16 years of age, the signature of a parent or guardian is required:

Please check all that apply. This child is permitted to:

\_\_\_\_\_ Assist in meal delivery by driving

\_\_\_\_\_ Assist in meal delivery by riding in the car of another volunteer

Parent/Guardian signature: \_\_\_\_\_

**This section pertains to volunteering for Animal Control ONLY. Please read each question and answer in the space provided.**

1. Not every animal housed at the Liberty Animal Shelter is friendly. Many arrive very frightened, confused and/or aggressive. While volunteers are generally not permitted to handle potentially dangerous animals, tell us about any experience you have handling animals or observing their behavior. (This does not include your privately owned pets).
  
2. The Animal Shelter typically houses only dogs and cats, although on occasion other types of animals are impounded. Are there any species of animal that you would be uncomfortable being in close proximity to?
  
3. Current shelter staff and volunteers work very hard to facilitate adoptions and animal rescue from our facility. However, occasionally difficult decisions must be made and some animals are unfortunately euthanized, most often based on health/behavioral concerns. How do you feel about the necessity of euthanasia in animal shelters?
  
4. The City of Liberty holds its volunteers to the same standards as employees. Both are not permitted to share information about the City without prior approval from public relations. This includes but is not limited to posting requests for adoptions on threat of euthanasia and sharing information about on-going investigations. The sharing of information released by the City on its official social media outlets is allowed and encouraged. Forms of social media include but are not limited to Facebook, Twitter, Instagram, Craig's List, etc. Do you understand this statement in its entirety?

**This section pertains to volunteering for coaching through the Parks & Recreation Department ONLY.**

Please indicate the age group you wish to coach:

(If signing up for multiple age groups please fill out an application for each division.)

Age Group/Grade: \_\_\_\_\_ Sport: \_\_\_\_\_

(Circle one):                      Recreational                      Competitive

Answer the following to the best of your knowledge.

(1) Were you a coach last season? \_\_\_\_\_ If yes, what age group? \_\_\_\_\_

(2) In what capacity would you like to be a coach?

(Circle one):                      Head Coach                      Asst. Coach

Please list your automatic picks here.

Only 4 automatics will be allowed; An automatic with a buddy counts as 2; Each coach's child counts as an automatic.

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Rec Only: All head coaches are allowed 4 automatic picks, and need to be submitted prior to teams being formed.

Every Coach: All head coaches are required to pass a background check. If at any time you will not be able to attend a game or practice, please identify an assistant coach 10-15 days prior to your absence so the assistant can be cleared for a background check. The team must be with an LPR approved/background checked volunteer at all times.

**Volunteers for All Departments:**

**Please read the following statements and indicate agreement by initialing each statement.**

\_\_\_\_\_ I agree not to consume, use, possess, or be under the influence of any drug or alcohol product while volunteering for the City of Liberty.

\_\_\_\_\_ I understand any conduct or pattern of conduct that would tend to disrupt, diminish or otherwise jeopardize public trust in the City of Liberty will result in dismissal.

\_\_\_\_\_ I understand the City of Liberty deems it necessary to obtain a Driver's License record and/or criminal background check on all volunteers. No appeal process will be allowed.

\_\_\_\_\_ I acknowledge volunteer photographs may be taken for possible use in press releases, internal publications, promotions and educational materials.

***You will not be able to be a volunteer through the City of Liberty unless you agree to above mentioned statements and initial before each.***

*I hereby certify that all answers and statements contained in this application are true and complete to the best of my knowledge. I understand that any falsified or misleading information statements of fact will subject me to disqualification. I further understand that any information that I provide may be investigated and I authorize the City of Liberty to conduct any investigation into my personal history.*

Required Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**WAIVER AND RELEASE OF ALL CLAIMS  
AND WAIVER OF RIGHT TO INSPECT BACKGROUND INVESTIGATION**

**PLEASE READ CAREFULLY**

You are notified that the City of Liberty, MO may request a consumer report to be obtained for volunteer purposes as a part of the pre-volunteer background investigation and at any time during your volunteer activities.

*I understand and agree that, as a condition of volunteering and, if chosen as a volunteer, I may be required to submit to drug and alcohol screening tests to determine compliance with the City's Drug and Alcohol Policy. Failure to comply with the testing program will be grounds for immediate discharge of my volunteer duties. I understand that I can review and receive a copy of the City's Drug and Alcohol Policy upon request.*

I, \_\_\_\_\_, am applying for the volunteer position of \_\_\_\_\_ with the City of Liberty, Missouri. I understand that a thorough and complete background investigation will be conducted to determine my fitness and desirability as a candidate for employment. Therefore, in consideration of the City's processing of my volunteer application, I agree as follows:

1. I specifically authorize the City of Liberty to conduct such a background investigation on me for the purpose of determining my fitness and desirability as a candidate for the volunteer program.
2. I understand that the background investigation is conducted by gathering and recording information about my past conduct and associations from any and all sources that the City of Liberty, in its sole discretion, may deem appropriate, including but not limited to: military, criminal, driving or other government files; past and present employers, schools, friends, relatives, or acquaintances; and any other sources of information available.
3. I specifically authorize any person or entity contacted by the City of Liberty to completely and thoroughly answer any and all questions concerning me posed by any official or employee of the City of Liberty and to provide to the City, or any of its officials or employees, any requested document, information, record or file concerning me, regardless of any statutory or other privilege that I may have.
4. I hereby release from liability and agree to hold harmless the City of Liberty and any of its officers, officials, employees, and agents from any and all possible causes of legal action, including negligence, that may accrue to me as a result of the conduct of the background investigation or release of information to the City or any of its officials or employees. I understand that, in the event I suffer any injury of any kind as a result of such cooperation with the conduct of the background investigation, I am herein forfeiting any and all right to bring legal action against or seek redress in the courts from such individual, institution, organization or agency, even if such injury or harm occurs as a direct result of their negligence or any other failure on their part to satisfy any duty owed to me.



5. I hereby release from liability and agree to hold harmless any person or entity which furnishes information or opinions to the City of Liberty as a part of the background investigation from any and all possible causes of legal action, including negligence. I understand that, in the event I suffer any injury of any kind as a result of cooperation with the conduct of the background investigation, I am herein forfeiting any and all right to bring legal action against or seek redress in the courts from such person or entity, even if such injury or harm occurs as a direct result of their negligence or any other failure on their part to satisfy any duty owed to me.

6. I understand the need for confidentiality of sources and information in my background investigation, and I agree that I will never attempt to obtain access to any part of the background investigation designated confidential by the City of Liberty.

7. A copy of this Waiver and Release shall be deemed as effective as the original.

8. For purposes of conducting the background investigation and gathering the information necessary to gauge my fitness for the volunteer position for which I have applied, this Waiver and Release shall be effective for a period of one year from the date of my execution hereof. My waiver of the right to review and copy the background investigation is perpetual.

9. This Waiver and Release is intended to be as broad and inclusive as permitted by the laws of the State of Missouri and, if any portion hereof is held to be invalid, the balance shall, notwithstanding, continue in full legal force and effect. My spouse (if any), heirs and legal representative, and any and all successors and assigns, are bound by the terms of this Waiver and Release. This Waiver contains the entire agreement between the parties hereto and its terms are contractual and not a mere recital.

**BE SURE YOU HAVE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING**

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## **IMPORTANT INFORMATION CONCERNING YOUR APPLICATION**

Any information about yourself that you provide to the City of Liberty during the volunteer application process will be used to identify you as a volunteer applicant, distinguish you from all other volunteer applicants, enable us to contact you when additional information is required, send you notices and/or schedule you for interviews, determine whether or not your background check may be a job-related consideration affecting your suitability for the volunteer position applied for, and assess your qualification for volunteer opportunities with the City.

If you wish to be considered for volunteer opportunities, you are required to provide the information requested in the Volunteer Application. If you refuse to supply information requested, it may mean that your volunteer application will not be considered.

Other information about yourself that you provide during the volunteer application process or during volunteer status with the City is classified as private under state law, except as public here or as listed in Missouri Statutes. The information may not be provided to members of the public except to:

1. Persons authorized to have access to the information under state or federal law
2. Person authorized by court order to have access to the information
3. Persons to whom you consent in writing to have access to the information
4. All individuals in the City who need to know the information.

Materials submitted in support of a volunteer application are normally not returned. You should not submit an original document if it is your only copy.

*Please feel free to keep this informational sheet.*